

Offender Name: GUILLEY LOUIS ID#: B18477 DOB: 7-30-68  
Last, First, MI

**Session Date/Time:** 4-22-18 / 8-2<sup>16</sup>

**Appearance:** ☒ Appropriate ☐ Inappropriate

**Behavior:** ☐ Appropriate ☒ Inappropriate

**Mood:** ☒ Appropriate ☐ Inappropriate

**Affect:** ☐ Appropriate ☒ Inappropriate

**Subjective, Objective, Assessment** W 01 248 lbs.

**SUBJECTIVE SYMPTOMS-**

Now, no SI, HI, PNI  
# AH - "Cigarette" # LH # 30-40 GT HEAVY  
# 1st degree, mild, early  
many things at distance, esp. "ah"  
**PSYCH MEDS-** Depakote 500mg bid  
Risperdal 15mg QHS

**COMPLIANCE-** more den 3-3+/wk -  
"d be sleeping"

**SIDE EFFECTS-** none

**MEDICATION ALLERGIES-** NKDA

**MEDICAL PROBLEMS-** none

**BLOOD TEST RESULTS-**

3.9L-H VHA LFTs Panel T-Bil HIV  
7.12 MR

**MENTAL STATUS EXAM (OBJECTIVE)-**

Observed no obvious psychomotor  
No SI, HI. I/O fair I/E intact  
**AXIS I** Bipolar Disorder  
II Schizotypal Personality  
III Manic  
IV Incoherence  
V CR

**Session Duration:** 40m

**Concentration:** ☒ Appropriate ☐ Inappropriate

**Memory:** ☒ Appropriate ☐ Inappropriate

**Speech:** ☒ Appropriate ☐ Inappropriate

**Thoughts:** ☒ Appropriate ☐ Inappropriate

**Plan**

Told Hx be made to doc w/pt  
get CBT w/pt 2-40 min -  
in said but says some 40-48 min  
w/pt # sign-in 7am-10  
meds "double" - went 1 Depakote,  
all at night, last Risperdal;  
the Risperdal for AH.  
P-  
Made - RISPERDAL 2mg QHS  
+ PARIKATE 150mg QHS  
Risperdal 15mg QHS  
Became a patient  
VHA CBC, panel, LFTs.  
Told Hx was  
F/O 4 weeks.

Signature J. K. [illegible]  
Title MD. PSYCHIATRIST

**Distribution:** Ciba-Geigy Medical Products



(77700-051) 01479

Lent: 4-22-15

B415

ILLINOIS DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH PROGRESS NOTE

HHS - Linc T.P.

Offender Name: GULLEY, Louis  
Last, First, MIID#: B18477DOB: 7-20-68

S = subjective, offender self-report of presenting problem; O = objective, clinician view of presenting problem; A = assessment, clinician assessment of offender; P = plan, current plan, link to treatment plan

Session Date/Time: 6-17-15 2:45 - 2:55Session Duration: 45 min

Appearance: ☒ Appropriate ☐ Inappropriate  
 Behavior: ☒ Appropriate ☐ Inappropriate  
 Mood: ☒ Appropriate ☐ Inappropriate  
 Affect: ☐ Appropriate ☒ Inappropriate

Concentration: ☒ Appropriate ☐ Inappropriate  
 Memory: ☒ Appropriate ☐ Inappropriate  
 Speech: ☒ Appropriate ☐ Inappropriate  
 Thoughts: ☒ Appropriate ☐ Inappropriate

## Subjective, Objective, Assessment

## SUBJECTIVE SYMPTOMS-

Wt: 250 lbs.  
Ht: 5' 10"

NEW: no G. H. ...  
 (H. H. ...)  
 ...  
 ...

PSYCH MEDS- Diphenhydramine 150mg QHSRisperidone 2mg QHSParoxetine 15mg QHSCOMPLIANCE- CompletelySIDE EFFECTS- "dry mouth"MEDICATION ALLERGIES- N/AMEDICAL PROBLEMS- None

## BLOOD TEST RESULTS-

5-15-15 Wt: 250 lbs. Ht: 5' 10" Temp: 98.6  
BP: 120/80 HR: 72

## MENTAL STATUS EXAM (OBJECTIVE)-

Alert, oriented x3. Appearance: well-groomed.  
Mood: euthymic. Affect: appropriate.

AXIS I Bipolar DisorderII Psychotic DisorderIII NoneIV NoneV 72

## Plan

Continuation of current medications.  
Stay on current schedule.

Monitor Diphenhydramine 150mg QHS  
Risperidone 2mg QHS  
Paroxetine 15mg QHS

Re-evaluate in 3 mos.

Follow up with Dr. Kelly.

Clinician Name (Print): DR. KELLYSignature: [Signature]Facility STATEVILLETitle: MD, PSYCHIATRIST



Consent: 4-22-15  
 N/A 11-17-15  
 B415

ILLINOIS DEPARTMENT OF CORRECTIONS  
 MENTAL HEALTH PROGRESS NOTE

AMS - no T.P.

Offender Name: GURNEY, Louis  
 Last, First, MI

ID#: B18477

DOB: 7-30-68

S = subjective, offender self-report of presenting problem; O = objective, clinician view of presenting problem; A = assessment, clinician assessment of offender; P = plan, current plan, link to treatment plan

Session Date/Time: <u>7-23-15 11:00-11:25</u>		Session Duration: <u>15 min</u>	
Appearance: <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate	Concentration: <input type="checkbox"/> Appropriate <input checked="" type="checkbox"/> Inappropriate	Memory: <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate	Speech: <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate
Behavior: <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate	Thoughts: <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate		
Mood: <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate			
Affect: <input type="checkbox"/> Appropriate <input checked="" type="checkbox"/> Inappropriate			
Subjective, Objective, Assessment SUBJECTIVE SYMPTOMS- <u>WOT: 245 lbs</u> <u>flat</u> <u>now, anxiety Hx</u> <u>(FAM of the "dual" - "large" and "small" Hx)</u> <u>(FAM of the "dual" - "small" and "large" Hx)</u> <u>(FAM of the "dual" - "small" and "large" Hx)</u>		Plan	
PSYCH MEDS- <u>Depakote 1500 mg QHS</u> <u>Risperdal 2mg QHS</u> <u>Ramoran 15mg QHS</u>		4° diagnosis 7a & 10 "dual" - "small" and "large" Hx, at same time	
COMPLIANCE- <u>I comply daily</u>		P- Med - Depakote 1500mg QHS Risperdal 2mg QHS Ramoran 15mg QHS	
SIDE EFFECTS- <u>"DK" - No gynecological, etc.</u>			
MEDICATION ALLERGIES- <u>NKDA</u>			
MEDICAL PROBLEMS- <u>"DK" - "large" and "small" Hx</u> <u>"large" and "small" Hx</u>		Blood test ordered: VEG, CBC, platelets LFTs, lipids, etc.	
BLOOD TEST RESULTS- <u>None</u>		F/L 3.40	
MENTAL STATUS EXAM (OBJECTIVE)- <u>distressed</u> <u>Could not answer questions, Hx, Hx (large and small)</u> <u>No SI, Hx. I-5 limited. I-6 - "large" and "small" Hx</u>			
AXIS I <u>Major Depressive Disorder</u>			
II <u>Depressed</u>			
III <u>None</u>			
IV <u>Intervention</u>			
V <u>6</u>			

Clinician Name (Print): DR. KELLY

Facility STATEVILLE

Signature J. Kelly, MD

Title MD, PSYCHIATRIST

CONSENT: 9-23-15

AHS: 1-12-16

B415

ILLINOIS DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH PROGRESS NOTE

Offender Name:

GUILLEY, LOUIS

Last, First, MI

ID#:

B18477

DOB: 7-30-68

S = subjective, offender self-report of presenting problem; O = objective, clinician view of presenting problem; A = assessment, clinician assessment of offender; P = plan, current plan, link to treatment plan

Session Date/Time:

4-27-16 12:30-12:50

Session Duration:

12:30

Appearance: ☒ Appropriate ☐ Inappropriate  
 Behavior: ☒ Appropriate ☐ Inappropriate  
 Mood: ☒ Appropriate ☐ Inappropriate  
 Affect: ☒ Appropriate ☐ Inappropriate

Subjective, Objective, Assessment

SUBJECTIVE SYMPTOMS-

WGT. 236 lbs

Now, no S/H. PMS ID. Tension  
 PMS of dent  
 PMS of 4000 S/H. PMS of 4000 S/H.  
 PMS of 4000 S/H. PMS of 4000 S/H.

PSYCH MEDS- DEPAKOTE 1500mg QHS  
 Risperidone 2mg QHS  
 Risperidone 15mg QHS

COMPLIANCE-

SIDE EFFECTS-

MEDICATION ALLERGIES-

MEDICAL PROBLEMS-

BLOOD TEST RESULTS-

1-26-16 Basic CPT WBC Hgb Hct Platelets  
 11.2 14.2 40.2 40.2 11.2

MENTAL STATUS EXAM/OBJECTIVE-

At T.D. - present. Present affect. Anxious. Eye contact.  
 Other no anxiety, depression, H/V, S/H, M/S/H.

AXIS I

II Depressive  
 III Major S/H  
 IV Insurance  
 V 68

Concentration:

Memory:

Speech:

Thoughts:

Plan

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Signature

The VO

(77700-051) 01531





ILLINOIS DEPARTMENT OF CORRECTIONS  
Mental Health Treatment PlanOffender Name: Gulley, LouisID Number: B18477☒ Offender Educated Regarding Medication Usage and Common Side Effects

Please use the space below to describe the reasons for the changes/update to the initial treatment plan.

☐ N/A - Initial Treatment PlanDEPAKOTE (1500mg) 1500mg P.O. QHSRISPERIDONE 2mg P.O. QHSREMEDIUM 15mg P.O. QHS

(Told 2/19 about potential for hypernatremia on Risperidone,  
potential for T.D. (sexual movements))

D

(77700-051) 01533

## Illinois Department of Corrections

## Psychiatric Progress Note

Date: 3.8.17Facility Stateville Correctional Center

## Offender Name:

Last, First, M.I. GULLEY, LOUISID Number: B18477D.O.B.: 7/30/68Start Time: 11:26 A Signature of person completing this form: [Signature]Allergies or medication sensitivity? Yes ☐ No ☒ If yes, then describe: \_\_\_\_\_Scheduled Visit Type: Routine Follow Up (20 min) ☒ Complex Follow Up Evaluation (30 min) ☐(Level of Care): Outpatient ☒ Residential ☐ Inpatient ☐ Crisis ☐Site of Visit: Telepsychiatry ☐ Onsite Evaluation ☒ Other ☐ (identify): \_\_\_\_\_Need for Interpreter? Yes ☐ No ☒ If yes, Language: \_\_\_\_\_Designation: SMI ☐ GBMI ☐ Involuntary Psychotropics ☐ Other ☐ (Identify): \_\_\_\_\_Has offender been on Crisis Watch since last psychiatric visit? Yes ☐ No ☒

If yes, explain: \_\_\_\_\_

1. Source of Information: ☒ Offender ☐ Mental Health Staff ☐ Medical Staff ☐ Mental Health Progress Notes  
 (Check all that apply) ☐ Medical Progress Notes ☐ Mental Health Evaluation dated: \_\_\_\_\_  
☐ Crisis Records ☐ Other (identify): \_\_\_\_\_

2. Chief Complaint: Seen for MH HU3. History of Present Illness: none4. Labs: Were most recent laboratory results reviewed? Yes ☐ No ☒

If yes, comment on abnormal results: \_\_\_\_\_

5. CURRENT PSYCHOTROPIC MEDICATIONS: None ☐ MAR reviewed: Yes ☒ No ☐Is offender satisfied with current prescribed psychotropic medications? Yes ☒ No ☐ Somewhat ☒

Explain why they are or are not satisfied with their current prescribed psychotropic medications:

Somewhat because, I'm having muscle stiffness

Medication (name, dose, schedule)	Effectiveness	Compliance
<u>Clozapine 1mg HS</u>	<input checked="" type="checkbox"/> Continues to be effective	<input checked="" type="checkbox"/> Compliant with medication
<u>Depakote 1500mg HS</u>	<input type="checkbox"/> Somewhat effective	<input type="checkbox"/> Not currently compliant with this medication
<u>Risperidone 15mg</u>	<input type="checkbox"/> Not currently effective	<input type="checkbox"/> Refused _____ doses _____ days
<u>Discontinued 2/15</u>		Explain
Side-effects		
<input type="checkbox"/> EPS <input type="checkbox"/> TD		
<input checked="" type="checkbox"/> None <input type="checkbox"/> Other:		

## Illinois Department of Corrections

## Psychiatric Progress Note

Date 3-8-19Facility Stateville Correctional Center

## Offender Name:

Last, First, M.I. GULLEY, LOUISID Number: B18477D.O.B.: 7/30/68

If offender is receiving neuroleptic medication, AIMS due at start and every 3-6 months thereafter. If offender is receiving 2<sup>nd</sup> generation neuroleptic, then metabolic monitoring is required. This includes personal, family Hx, BMI, waist circumference, BP, fasting plasma glucose, fasting lipid profile initially and at recommended time intervals per recommended psychiatric literature guidelines. Lithium, valproate, carbamazepine all require baseline laboratory evaluations and regular laboratory monitoring per recommended psychiatric literature guidelines. Periodic blood pressure & pulse monitoring recommended for SNRI's.

6. Medical/Mental Health – Female Specific: ☒ Not ApplicableIs the offender currently pregnant? Yes ☐ No ☐

## 7. Mental Status Examination

Posture/Gait: ☒ Appropriate ☐ Inappropriate ☐ Slumped ☐ Tense ☐ Atypical ☐ Rigid

Behavior: ☒ Unremarkable ☐ Poor physical boundaries ☐ Posturing aggressively  
☐ Tensed muscles ☐ Closed body posture ☐ Guarded/protective posturing  
☐ Psychomotor retardation ☐ Psychomotor agitation

Eye contact: ☒ Unremarkable ☐ Avoids eye contact ☐ Looks down in his/her lap  
☐ Timid ☐ Unfocused ☐ Appropriate

Level of Appearance: ☒ Appropriately Groomed ☐ Disheveled ☐ Poor Hygiene ☐ MalodorousLevel of consciousness: ☐ Alert ☐ Clouded consciousness ☐ Lethargic ☐ Delirious ☐ SomnolentLevel of Cooperation: ☒ Cooperative ☐ Guarded/Suspicious ☐ Hostile ☐ UncooperativeOrientation: ☒ OX4 (Time place person, reality) ☐ OX \_\_\_\_\_ (list) \_\_\_\_\_ ☐ DisorientedAttention: ☒ Appropriately focused ☐ Selective attention/inattention ☐ Distractible ☐ UnawareSpeech: ☒ Unremarkable ☐ Slowed ☐ Rapid ☐ Inarticulate ☐ PressuredIn tone: ☒ Unremarkable ☐ Irritability ☐ Terse ☐ Impatience ☐ Flatted tone

Thought Processes: ☒ Clear/Coherent ☐ Circumstantial ☐ Disorganized ☐ Tangential  
☐ Loose Association ☐ Word Salad/Incoherent

Explain:

Thought content: ☐ Unremarkable ☐ Paranoid ☐ Delusional ☐ Excessive religiosity ☐ Referential

Explain:

WNLPerceptions: ☐ Hallucination ☐ Auditory ☐ Visual ☐ Olfactory ☐ Somatic ☐ Illusions

Explain:

WNL

Affect: ☐ Unremarkable (Euthymic) ☐ Constricted ☐ Expansive ☐ Blunt/Inexpressive ☐ Flat  
☐ Hyperthymic ☐ Euphoric ☐ Dysthymic ☐ Manic ☒ Appropriate ☐ Inappropriate

Offender description of his or her mood

Feeling more & more angry, aggressive, etc.**E**

(77700-051) 01574



## Illinois Department of Corrections

## Psychiatric Progress Note

Date: 3-8-17Facility Stateville Correctional Center

## Offender Name:

Last, First, M.I. GULLEY, LOUISID Number: B18477D.O.B.: 7/30/68**8. Suicide Screening Potential**

Are you currently having suicidal thoughts?

Yes ☐ No ☒

If no, may continue to Section 9.

If yes, explain and complete the following questions:

Do you currently have a suicide plan?

Yes ☐ No ☐

If yes, explain:

Have you ever attempted suicide?

Yes ☐ No ☐

If yes, number of attempts: \_\_\_\_\_

Date of most recent attempt: \_\_\_\_\_

Method of attempt: \_\_\_\_\_

Have you had a well-planned/highly lethal suicide attempt or ideation?

Yes ☐ No ☐

If yes, explain:

Do you have a history of self mutilation (i.e. self inflicted cuts, burns, etc. done just because or to bleed, etc.)?

Yes ☐ No ☐

If yes, explain:

Are you having thoughts of harming someone else?

Yes ☐ No ☐

If yes, explain:

Do you believe you have a social support system?

Yes ☒ No ☐

If yes, explain:

*Wife, children, siblings*

Have you ever been accused or found guilty of sexual assault or sexual misconduct in a jail or prison setting?

Yes ☐ No ☐

If yes, explain:

Do you have a history of family or friends who have attempted or committed suicide?

Yes ☐ No ☐

Who and when: \_\_\_\_\_

Have you experienced a rejection or loss within the past six months?

Yes ☐ No ☐

If yes, explain:

Are you worried about a major problem other than your legal situation (i.e. terminal illness, etc.)?

Yes ☐ No ☐

If yes, explain:

Are you experiencing feelings of hopelessness or helplessness?

Yes ☐ No ☐**E**

(77700-051) 01575

## Illinois Department of Corrections

## Psychiatric Progress Note

Date: 3/8/19Facility Stateville Correctional Center

## Offender Name:

Last, First, M.I. GULLEY, LOUISID Number: B18477D.O.B.: 7/30/68

If yes, explain:

Have you experienced feelings of guilt or worthlessness? Yes ☐ No ☐

If yes, explain:

Are you experiencing any signs of depression (i.e. changes in sleep patterns, loss of interest, self-loathing)? Yes ☐ No ☐

If yes, explain:

Are you experiencing any signs of anxiety? Yes ☐ No ☐

If yes, describe:

Estimate of Suicide Risk: None ☐ Low ☒ Moderate ☐ High ☐

Explain

## 9. Aggressive Behavior Assessment

Are you currently experiencing aggressive or homicidal thoughts? Yes ☐ No ☒ If no, may continue to Question 12

What are these thoughts? (include whom they are directed towards, plan, means)

Any past aggressive behaviors? Yes ☐ No ☐

Describe:

Any legal or disciplinary consequences of past aggression? Yes ☐ No ☐

Describe:

Any neurological or neurocognitive disorders or symptoms? Yes ☐ No ☐

Describe:

Any violent behaviors in family members? Yes ☐ No ☐

Describe:

Currently Psychotic? Yes ☐ No ☒

E

(77700-051) 01576



## Illinois Department of Corrections

## Psychiatric Progress Note

Date 3 8 17Facility Stateville Correctional Center

## Offender Name:

Last, First, M.I. GULLEY, LOUISID Number: B18477D.O.B.: 7/30/68

Explain:

Aggressive Behavior Risk:

Explain:

10. Historical Reliability: Reliable ☒ Fairly reliable ☐ Unreliable ☐ Other ☐

## 11. Narrative Summary and Diagnostic Impressions

(Provide evidence to support diagnosis and any relevant social concerns that contribute to the overall clinical picture. Include current risk assessment, including suicidal/homicidal thinking/plans, impulse control, insight, judgment, historical reliability, reason for diagnostic change or psychotropic medication changes or dosage change.)

48 y/o AA Male. Seen for MH. Good history denies s/HI  
thoughts. The concern @ needs making him have. stop muscles (side effect  
of risperidol)

Based upon today's evaluation:

Since last visit, offender's psychiatric symptoms have: Improved ☐ Remained same ☐ Worsened ☐

## 12. DSM Psychiatric Diagnosis

Schizophrenia

Modified Global Assessment \_\_\_\_\_ to \_\_\_\_\_

Based upon diagnosis, Modified GAF and need for  
supportive services, Offender is designated SMI? Yes ☐ No ☐

## 13. Psychiatric Plan

☐ AIMS completed today ☐ AIMS to be done by RN (if available)☐ Labs ☐ CMP ☐ BMP ☐ CBC+Plts ☐ Thyroid Profile ☐ Lithium ☐ Carbamazepine☐ VPA ☐ Lipid Profile ☐ A1C ☐ EKG ☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_☐ Needs medical referral for: \_\_\_\_\_☐ Abdominal circumference: \_\_\_\_\_ ☐ BMI \_\_\_\_\_ ☐ BP/P \_\_\_\_\_☐ Needs MHP referral for: ☐ Sleep hygiene ☐ Anger management ☐ Trauma history ☐ Psychometric testing☐ Other: (Complete DOC 0387) \_\_\_\_\_

E

## Illinois Department of Corrections

## Psychiatric Progress Note

Date: 3.8.17

Facility

Stateville Correctional Center

## Offender Name:

Last, First, M.I. GULLEY, LOUISID Number: B18477D.O.B.: 7/30/68

☐ Directly observed therapy with thorough mouth checks due to HX of: \_\_\_\_\_

☐ Crush/float all Psychotropics due to ☐ Hx of non-compliance ☐ Hx of hoarding medications

☐ Other: \_\_\_\_\_

☒ Offender has been given a copy of the Psychotropic Medication Information brochure.

☒ I have verbally reviewed any medication changes, side-effects, risks and benefits of treatment or refusing treatment with the offender.

☐ Offender's psychiatric condition is considered chronic and he/she has been psychiatrically stable on the same psychotropic medication(s) at the same dose and has not been on crisis watch for the past 60 days.

☐ MTP modified today as a result of: ☐ Diagnosis change/addition ☐ Psychiatric decompensation

☐ Psychotropic medication dosage/usage: \_\_\_\_\_

☐ Other: \_\_\_\_\_

Recommended Disposition (Level of Care) ☒ Continue ☐ Refer to: ☐ Transfer to:

☒ Outpatient Level of Care ☐ Residential Treatment Unit ☐ Inpatient ☐ Crisis

Resultant Visit Type: ☒ Unchanged from Scheduled Visit Type ☐ Changed from Scheduled Visit Type

If Resultant Visit Type has changed from Scheduled Visit Type, explain the reason for the change

## 14. MEDICATION ORDERS

	Medication	Dosage	Instructions
<input type="checkbox"/> Continue	<u>Depakote</u>	<u>500mg</u>	<u>bid</u>
<input checked="" type="checkbox"/> Discontinue	<u>Depakote</u>	<u>1500mg</u>	<u>bid</u>
<input type="checkbox"/> Start			
	<b>Script/order</b>		<b>Use Stock</b>
	<input checked="" type="checkbox"/> Written		<input type="checkbox"/> Yes
	<input type="checkbox"/> T.O./Verbal or faxed to:		<input type="checkbox"/> No

Next Appointment Date: 1moEnd Time: 11:58 AM

## Evaluation completed by:

L. NATHAN NH NP 3.8.17 [Signature]

Print Name Title Date Signature



## ILLINOIS DEPARTMENT OF CORRECTIONS

## Offender Outpatient Progress Notes

Stateville Correctional Center

## Offender Information:

GULLEY

Last Name

LOUIS

First Name

ID#: 318477

MI

Date/Time	Subjective, Objective, Assessment	Plans
6-8-18	Nurse/CMT Tx Protocol: Muscle Strain / Joint Pain	MO/sc 6-12-18
8:00A	S) "My chest on the right side hurts"	P) Refer to MD:
	What caused the pain (lifting, sports, etc)? no	Any suspected fracture, difficulty walking, numbness, severe pain or swelling, deformity
	Was there an injury? no	And/or fever
	How long has pain been present? about 3 years	Inability to bear weight or use the affected body part
	Describe location, type, characteristic & pattern of pain R side of chest, throbbing pain	No MD Referral:
	What precipitates the pain? Alleviates the pain? "hot that I noticed"	Cold compresses times 12 hrs, then warm moist packs as necessary Elevate affected part
	Was swelling immediate or delayed?	Acetaminophen 325 mg, 1-2 tablets t.i.d. PRN X 3 days, or ibuprofen 200 mg 1-2 tablets t.i.d. with meals PRN X 3 days
	Weakness or numbness? no	Crutches (if indicated) for 3 days Lay in (if indicated) for up to 3 days
	Was a "pop" heard when the body was injured? no	Patent Teaching:
	O) T 98.4 P 70 R 16 BP 132/80 Wt 232	Medication use - Use of hot/cold packs
	Note appearance at rest and at movement? same	- Avoid lifting, sports or strenuous activity until area has healed and free of pain approximately 2 weeks
	Ecchymosis, redness, bruising? no	Importance of proper body mechanics to avoid injury
	Swelling? yes	If injury could have been prevented, instruct on future safety measures (warm up before exercises).
	Tenderness on examination? yes	- Importance of F/U to MD if symptoms fail to resolve within 5 days or if symptoms worsen
	Limited ROM? no	**COMPLETE INJURY REPORT \$5.00 Co-pay applied yes or (No)
	A) Muscle strain / Joint Pain	L. Lemaudon RN

## ILLINOIS DEPARTMENT OF CORRECTIONS

## Offender Outpatient Progress Notes

Stateville Correctional Center

## Offender Information:

Age 50 yr Gulley Last Name Louis First Name ID# B18471 MI

Date/Time	Subjective, Objective, Assessment	Plans
09:30 10/26/18	SO - R/O ① Headache 2 6 mos	
BP 117/77	② Gynecomastia Bilateral	
HR 76	③ (R) Breast > L Breast	
R 14	Patient is on	PLAN
wt 238	Respiratory medication which has tendency, as suggested, to cause Gynecomastia and the of falling from top bunk and hitting his head on the floor - past the - None other Allergies = none known by the - None	① X-ray of L-8 spine ② Suggesting to DC Respiratory for Pysche to take note
Pr	Conscious, alert, oriented x3	
	Chest - Clear, Bilat Gynecomastia, R & L CNS = WNL.	
	Abd - Soft Heart = Normal	
	Reflexes = normal	
	A ① Bilat Gynecomastia ② Headache ③ Low back pain	

Distribution: Offender's Medical Record

DOC 0084 (Eff. 9/2002)  
(Replaces DC 7147)

(77700-051) 01133

6